


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90032 025 ***150.00

DOCUMENT # P97000079809

1. Entity Name
WOODLAND HOLDINGS, INC.



Principal Place of Business Mailing Address

~~505 WEKIVA SPRINGS ROAD~~ ~~505 WEKIVA SPRINGS ROAD~~
~~SUITE 800~~ ~~SUITE 800~~
LONGWOOD, FL 32779 **LONGWOOD, FL 32779**

54013276



2. Principal Place of Business 3. Mailing Address

320 W. Sabal Palm Place **320 W. Sabal Palm Place**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 300 **Suite 300**

02232004 Chg-P CR2E034 (10/03)

City & State City & State

Longwood, FL **Longwood, FL**

4. FEI Number Applied For

59-3472889 Not Applicable

Zip Country Zip Country

32779 **Seminole** **32779** **Seminole**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEIDAISH, PHILIP F JR PA
~~505 WEKIVA SPRINGS ROAD~~
~~SUITE 800~~
~~LONGWOOD, FL 32779~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
320 W. Sabal Palm Place, #300

City State Zip Code
Longwood, FL 32779

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KEIDAISH, PHILIP F JR PA	
STREET ADDRESS	505 WEKIVA SPRINGS ROAD, SUITE 800	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keidaish, Philip F. Jr.	
STREET ADDRESS	320 W. Sabal Palm Place, Suite 300	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip F. Keidaish, Jr Pres Date: 2-23-04 Daytime Phone #: 407-682-7711